

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400463984

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 95620 4. Contact Name: Fabrianna Venaducci
2. Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 2790789
3. Address: 518 17TH ST STE 200 Fax: (303) 2791124
City: DENVER State: CO Zip: 80202

5. API Number 05-075-09204-00 6. County: LOGAN
7. Well Name: Propst Well Number: 1
8. Location: QtrQtr: SWSW Section: 26 Township: 11N Range: 53W Meridian: 6
9. Field Name: BONANZA-NORTH Field Code: 7167

Completed Interval

FORMATION: D SAND Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5164 Bottom: 5175 No. Holes: 44 Hole size: 1/2
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5102 Tbg setting date: 01/09/2013 Packer Depth: 5102

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 5250 \*\* Sacks cement on top: 1 \*\* Wireline and Cement Job Summary must be attached.

Comment:

This is the final Form 5A for the SWD permit. Logs listed were run in 1992 and are already on file with the COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Fabrianna Venaducci

Title: Contract Landman Date: \_\_\_\_\_ Email fabrianna@jameskaro.com  
:

### Attachment Check List

**Att Doc Num**      **Name**

400464047	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)